

## **Addendum**

- 1. Declaration / Power of Attorney Signed By Personal Representative; Terminal Disclaimer To Obviate A Double Patenting Rejection**

Practitioner's Docket No. 005804.00007

**SIGNING BY PERSONAL REPRESENTATIVE ON BEHALF OF DECEASED INVENTOR  
(37 CFR 1.42 and 1.43)**

b. Barbara E. Mays, hereby declare that I am a citizen of United States, residing at 6740 South 69<sup>th</sup> East Avenue, Tulsa, OK 74133-1736, and that I am executing and signing the declaration to which this is attached as the personal representative of:

Ralph C. Mays  
US

*Country of Citizenship:*

Attached herewith are the following copies:

1. Letters Testamentary as filed with the U.S. District Court, Tulsa, Oklahoma on May 25, 2004;  
and
2. Certificate of Death

That, upon information and belief, I aver those facts that the inventor is required to state.

Date: January 20, 2006

Barbara E. Mays  
Barbara E. Mays

**COMBINED DECLARATION AND POWER OF ATTORNEY**

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is for a divisional application.

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

AN OBTURATOR SYSTEM FOR FILLING A ROOT CANAL AND METHOD OF USE  
THEREOF

**SPECIFICATION IDENTIFICATION**

The specification was filed on November 11, 2003, as Serial No. 10/706,119.

**ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent.

**CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S)  
UNDER 35 U.S.C. 120**

I hereby claim the benefit, under Title 35, United States Code, § 120, of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information that is material to patentability as defined in 37, Code of Federal Regulations, § 1.56 and that is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, that occurred between the

filing date of the prior application(s) and the national or PCT international filing date of this application. (37 C.F.R. § 1.63(e)).

<b>PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 USC 120:</b>				
<b>U.S. APPLICATIONS</b>		<b>Status</b>		
<b>U.S. APPLICATIONS</b>	<b>U.S. FILING DATE</b>	<b>Patented</b>	<b>Pending</b>	<b>Abandoned</b>
1. 09/925,988	09 AUG 01	X		
2. 09/481,611	12 JAN 00	X		

#### **POWER OF ATTORNEY**

I hereby appoint the practitioner(s) associated with Customer Number 28827 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

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#### **SEND CORRESPONDENCE TO:**

**CUSTOMER NUMBER 28827**  
Gable and Gotwals  
100 West 5th Street, 10th Floor  
Tulsa, OK 74103

#### **DIRECT TELEPHONE CALLS TO:**

Paul H. Johnson  
918-595-4963

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#### **DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

#### **SIGNATURE(S)**

Barbara E. Mays, personal representative of Ralph C. Mays, inventor (deceased)

Inventor's signature Barbara E. Mays

Date January 20, 2006 Country of Citizenship US  
Residence Tulsa, OK  
Post Office Address 6740 South 69<sup>th</sup> East Avenue, Tulsa, OK 74133-1736



IN THE DISTRICT COURT IN AND FOR TULSA COUNTY  
STATE OF OKLAHOMA

IN THE MATE OF THE ESTATE OF )  
RALPH CHARLIE MAYS, DECEASED )

No. PB-2004-399

**Letters Testamentary**

STATE OF OKLAHOMA )  
COUNTY OF TULSA ) ss.

DISTRICT COURT  
**F I L E D**

MAY 25 2004

SALLY HOWE SMITH, COURT CLERK  
STATE OF OKLA, TULSA COUNTY

The Last Will and Testament of Ralph Charlie Mays, having been proved and recorded in the District Court of Tulsa County, Oklahoma, Barbara E. Mays, who is named therein, is hereby appointed Personal Representative of the Estate.

Witness my hand, as Judge of the District Court of the County of Tulsa, this 25th day of May, 2004.

**LINDA G. MORRISSEY**

Judge of the District Court

**Oath of Personal Representative**

STATE OF OKLAHOMA )  
COUNTY OF TULSA ) ss.

I, Barbara E. Mays, do solemnly swear that I will perform according to law, and to the best of my ability, the duties of Personal Representative of the Last Will and Testament of Ralph Charlie Mays, Deceased. So help me God.

Barbara E. Mays  
Barbara E. Mays

Subscribed and sworn to before me this 25th day of May, 2004.

I, Sally Howe Smith, Court Clerk, for Tulsa County, Oklahoma,  
hereby certify that the foregoing is a true, correct and full  
copy of the instrument herewith set out as appears on record  
in the Court Clerk's Office of Tulsa County, Oklahoma, this

**LINDA G. MORRISSEY**

Judge of the District Court

By

Deputy

MAY 25 2004

STATE OF OKLAHOMA  
CERTIFICATE OF DEATH

JAN 25 2006

LOCAL FILE NUMBER				STATE FILE NUMBER			
1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)				2. SEX:	3. SOCIAL SECURITY NUMBER	4. EVER IN US ARMED FORCES?	
Ralph Charlie M/S				M	443-32-8752	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5a. AGE: Last birthday (years)	5b. UNDER 1 YEAR	5c. UNDER 4 MONTHS	5d. DATE OF BIRTH	6. DATE OF BIRTH	7. BIRTHPLACE (City and State or Foreign Country)		
72	Months	Days	Hours	2-19-1932	Marble City, Ok		
8a. RESIDENCE-State	8b. RESIDENCE-County	8c. RESIDENCE-City or Town	8d. RESIDENCE-Zip Code	8e. RESIDENCE-Inside City Limits?			
Oklahoma	Tulsa	Tulsa	74133	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
8f. RESIDENCE-Street and Number 6740 S. 69th E. Ave.							

9. MARITAL STATUS AT TIME OF DEATH  
 Married  Never Married  Widowed  Divorced  Married, but separated  Unknown10. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage)  
Barbara Holland11. FATHER'S NAME (First, Middle, Last)  
Gillis P Mays12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)  
Mammie Thurber13. DECEDENT OF HISPANIC ORIGIN?  
(Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the 'No' box if the decedent is not Spanish/Hispanic/Latino) No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican American, Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/Latino

(specify) \_\_\_\_\_

14. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)

 White Black or African American American Indian or Alaska Native Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian (Specify) \_\_\_\_\_ Pacific Islander (Specify) \_\_\_\_\_ Other (Specify) \_\_\_\_\_

(Name of the enrolled or principal tribe)

15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)

 8th grade or less 9th - 12th grade, no diploma High school graduate or GED completed Some college credit but no degree Associate degree (e.g. AA, AS) Bachelor's degree (e.g. BA, AB, BS) Master's degree (e.g. MEd, MA, MS, MEng, MSW, MBA) Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, JD)

16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED)

Self Employed

17. KIND OF BUSINESS / INDUSTRY

Dental Manufacturing

18a. INFORMANT'S NAME

Barbara Mays

18b. RELATIONSHIP TO DECEDENT

Spouse

18c. MAILING ADDRESS (Street and Number, City, State, Zip Code)

6740 S. 69th E. Ave. Tulsa, Ok 74133

18. METHOD OF DISPOSITION

 Burial  Cremation  Donation  Embalming  
 Removal from state  Other (specify) \_\_\_\_\_

20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)

Holland Cemetery

21. LOCATION - City, Town and State

Tahlequah, Oklahoma

22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY

Moore's Eastlawn Chapel

1908 S. Memorial Tulsa, Ok 74112

23. SIGNATURE OF FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH

John R. Will

1291

24. ESTABLISHMENT LICENSE #

25. PLACE OF DEATH (Check only one; see instructions)

IF DEATH OCCURRED IN A HOSPITAL:

 Inpatient  Emergency Room/Outpatient  Dead on Arrival

IF DEATH OCCURRED OTHER THAN IN A HOSPITAL:

 Hospice Facility  Nursing home/Long term care facility Decedent's home  Other (specify) \_\_\_\_\_

26. FACILITY NAME (If not institution, give street &amp; number)

St. Francis 6161 S. Yale

27. CITY OR TOWN, STATE AND ZIP CODE OR LOCATION OF DEATH

Tulsa, Oklahoma 74136

28. COUNTY OF DEATH

Tulsa

29. DATE OF DEATH

4-22-2004

(Mo/Day/Yr)

30. TIME OF DEATH

1230

(Mo/Day/Yr)

31. WAS MEDICAL EXAMINER CONTACTED?

 Yes  No

32. WAS AN AUTOPSY PERFORMED?

 Yes  No

33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

 Yes  No

34. PART I. Enter the chain of events- diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardiopulmonary Collapse

Due to (or as a consequence of):

Sequentially list conditions, if any/leading to the cause listed on line a.

b. Acute Myocardial Infarction

Due to (or as a consequence of):

Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

c.

Due to (or as a consequence of):

d.

Due to (or as a consequence of):

Approximate interval:  
Onset to death  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

36. MANNER OF DEATH

 Natural  Homicide  Accident  Suicide Pending Investigation  Could not be determined

37. IF FEMALE:

 Not pregnant within past year  Pregnant at time of death  Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to 1 year before death  Unknown if pregnant within the past year

38. DID TOBACCO USE CONTRIBUTE TO DEATH?

 Yes  No

39. DATE OF INJURY

(Mo/Day/Yr)

40. TIME OF INJURY

(Mo/Day/Yr)

41. PLACE OF INJURY (e.g., Decedent's home, construction site, wooded area)

42. DESCRIBE HOW INJURY OCCURRED:

43. INJURY AT WORK?

 Yes  No

44. LOCATION OF INJURY: State:

City or Town:

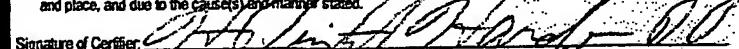
Zip Code:

45. IF TRANSPORTATION INJURY, SPECIFY:

 Driver/Operator  Passenger  Pedestrian  
 Other (specify) \_\_\_\_\_

Street &amp; Number:

46. CERTIFIER (Check only one):

ATTENDING PHYSICIAN:  Physician in charge of the patient's care  Physician in attendance at time of death only  
To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.Signature of Certifier: 

50. REGISTRAR'S SIGNATURE (Local)

Kathy Cooper, R.N.

47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34)

Dwight Hardy DO  
8115 S. Memorial  
Tulsa, Ok 74133

48. LICENSE NUMBER

2223

49. DATE CERTIFIED

4/30/04 (Mo/Day/Yr)

51. DATE RECEIVED BY LOCAL REGISTRAR

MAY 06 2004 (Mo/Day/Yr)

52. DATE RECEIVED BY STATE REGISTRAR

(Mo/Day/Yr)

Notes to the Attending Physician:  
Do not sign unless the death occurred due to a natural disease process.  
Infant deaths are the responsibility of the Medical Examiner.

2004 REVISION

VS 154 (1-04)

BEST AVAILABLE COPY